

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 266-5511

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

ARCHITECTS SECTION

INSTRUCTION PACKET FOR ARCHITECT CREDENTIAL

Enclosed are the forms for applying for registration as an architect and a copy of the Wisconsin Statutes and Administrative Code relating to Architect registration. **This is not the application if you want to apply for the architect examination.** Please call 608-266-5511, to request the instruction packet to register for the architect examination.

FILING AN APPLICATION - All applicants for credential (licensure) as an architect must complete an "Application for Architect Credential" (Form #1737). It is preferred that you type or print all information when completing the "Application for Architect Credential" (Form #1737).

APPLICANT CERTIFICATE TO VERIFY KNOWLEDGE OF RULES - If you do not have a copy of the Department of Commerce Building Code containing COMM 61 through 65 you may purchase one from the Department of Administration, Document Sales Division, P.O. Box 7840, Madison, Wisconsin 53707. Telephone (608) 266-3358. It is also available online at: www.legis.state.wi.us

Completed applications must be mailed to the address listed above. Applications hand delivered or mailed by special courier must be addressed to the department's street address: 1400 East Washington Avenue, Room 142, Madison, WI 53703.

FEES – Please include a check or money order made payable to the Department of Regulation and Licensing for the fee under which you are qualifying for the credential.

Passed exams: \$53.00 (candidates who sat for the exam beginning in February 1997 or later have already submitted the fee. DO NOT SUBMIT THE FEE AGAIN.)
Comity: \$60.00

TEMPORARY PERMITS (Comity applicants only) - A temporary permit is available to all applicants under the comity provision. This permit allows the applicant to proceed with a pending project during the time it takes to process the application for credential. An applicant desiring a permit must include a letter specifically requesting the permit which includes a description of the project (location, approximate size and cost), a copy of their registration card from the original state of registration and a \$60.00 temporary permit fee. The application for architect credential (Form #1737), credential fee and temporary permit fee must accompany the request for a temporary permit.

NCARB RECORD – If you are using an NCARB record, submit only the Application for Architect Credential (Form #1737) and the credential fee to the Architect Section or to NCARB. If sending to the Architect Section, please make a note on the form that you have requested NCARB to forward your record to us.

Wisconsin Department of Regulation & Licensing

DIRECT APPLICATION - All applicants not submitting an NCARB record must submit **ALL** of the following along with the application:

EDUCATION - Official transcripts showing courses taken and degrees received are required. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.** . Transcripts may accompany the application or be forwarded directly by the college. **NOTE: If you have previously submitted transcripts to prequalify for the examination, DO NOT submit transcripts again.**

EXPERIENCE RECORD - When completing the "Experience Record" (Form #463), include as many applicable experience requirements outlined in the Wisconsin Administrative Code as possible. Provide a complete chronological listing of your background beginning with your education. Indicate when employment is full-time vs. part-time. If your education does not come at the beginning of your record, include it in the appropriate order within your chronological listing of your background as a separate engagement. Please type or print all information. **NOTE: If you have previously submitted an experience record to prequalify for the examination, you only have to provide an update of your experience.**

INTERN DEVELOPMENT PROGRAM (IDP) – (Note: Comity applicants do not submit IDP.) Effective January 1, 1993, all applicants applying for registration as an architect must complete the Intern Development Program using the section's Equivalent Intern Development Program Record of Experience (Form #1947) or NCARB's IDP Periodic Assessment Experience. Applicants using the sections Equivalent Intern Development Program Record of Experience (Form #1947) should complete a separate report for each place of employment. (Please make additional copies of this form if needed.) The intern, and the intern's supervisor must sign each report. If you have registered through NCARB, please request that NCARB forward your IDP Periodic Assessment Report to the Architect Section.

REFERENCES - Provide replies from five references having personal knowledge of your experience using the enclosed "Architect Applicant Appraisal Form" (Form #472). Each reference should complete Form #472 and return it to you so you can submit all 5 references with your application. It is required that three references be registered in the profession. Family members can act as supplemental references in support of an application, but not as one of the five required responses.

VERIFICATION OF EXAMINATION OR REGISTRATION – Complete Section 1 of the enclosed Verification of Examination or Registration (Form #475), if: 1) you completed part of the architect examination in another state, you must contact the registration agency in that state and request a verification of examination scores; or 2) if you are applying by Comity, you must contact the registration agency in that state and request a verification of current registration.

WISCONSIN STATUTES AND ADMINISTRATIVE CODE

A copy of the Wisconsin Statutes and Administrative Code relating to the practice of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors is available on the web at www.drl.state.wi.us/publications or at most public libraries. If you wish to purchase a copy, please submit a check or money order made payable to the Department of Regulation and Licensing for \$5.28 per copy.

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

ARCHITECT SECTION

APPLICATION FOR ARCHITECT CREDENTIAL

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status
information is optional.

Sex: ☐ M
☐ F

Ethnic: ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The architect license expires on July 31st of the (even or odd)-numbered year. It may be renewed for a two year period at that time.

QUALIFICATION: Place an "X" in ONE space only indicating how you qualify.

☐ Comity (Registered in another state) State _____
(Complete Form #475, Verification of Examination or Registration, and send it to the state in which you are registered.)

☐ Passed Examination (Education and Experience total 7 years)

Have you taken and passed any part(s) of the A.R.E. in Wisconsin? ☐ YES ☐ NO

Have you taken and passed any part(s) of the A.R.E. in any other state? ☐ YES ☐ NO

(If Yes, complete Form #475, Verification of Examination or Registration, and send it to the state in which you completed the examination.)

EDUCATION: (Official Transcripts Required)

Colleges Attended	Degree Received	Date of Graduation	Major

For Receipting Use Only

APPLICATION FEE: Make check or money order payable to the Department of Regulation and Licensing and attach to this application.

- ☐ \$ 60.00 Initial License fee by comity
☐ \$ 60.00 Temporary Permit fee
☐ \$ 53.00 Initial License fee by exam (no fee if exam taken in Wisconsin after 2/97)
_____ Total fee remitted

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

APPLICANT CERTIFICATE TO VERIFY KNOWLEDGE OF LAW AND RULES:

I hereby certify that I have read and believe I understand Chapter 443 of the Wisconsin Statutes, and Chapter A-E 3 rules of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors. I further certify that I am familiar with the State of Wisconsin Building Code, COMM 61 through 65 of the Wisconsin Administrative Code.

Signature of Applicant

Date

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Wisconsin Department of Regulation & Licensing

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1400 E. Washington Avenue
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Website: http://www.drl.state.wi.us

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth month day year	Social Security Number Information helps us identify your record, but is voluntary. It is not available to the public.
Ethnic/gender information is required to check criminal information records. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED

☐ ☐

Did you successfully complete the program?

☐ ☐

Please attach the certificate of completion/discharge summary.

(Check all that apply)

4. Have you ever been sentenced to:

☐ Probation

☐ Parole

☐ Ordered to pay restitution

YES NO

☐ ☐

☐ ☐

☐ ☐

MO/YR COMPLETED

Did you successfully complete one of the above as ordered by the court?

☐ ☐

If you are **currently** on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE

DATE OF ARREST

LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

Date

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public

Date

My commission (is permanent) _____ expires _____.

SEAL

Department of Regulation & Licensing

State of Wisconsin

(608) 266-5511

TTY# (608) 267-2416, hearing or speech

TRS# 1-800-947-3529, impaired only

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

EXPERIENCE RECORD

Information requested is required for processing.

Type or print your name:	Date:
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Engagement	Date	Title of Position, and Extent of Experience and Responsibility. Make statement concise. Designate each engagement by a separate number. [Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility.] University, college or technical school shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. Any necessary amplification may be made on a separate sheet. You may create your own document in Word Processing as long as you follow the format of this form.	Name, Title and Address of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported.
#1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr TO Mo/Yr TOTAL Mo/Yr		
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr TO Mo/Yr TOTAL Mo/Yr	Title: _____	

State of Wisconsin Department of Regulation & Licensing

<p>#3</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p>	<p>FROM Mo/Yr _____</p> <p>TO Mo/Yr _____</p> <p>TOTAL Mo/Yr _____</p>	<p>Title: _____</p>	
<p>#4</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p>	<p>FROM Mo/Yr _____</p> <p>TO Mo/Yr _____</p> <p>TOTAL Mo/Yr _____</p>	<p>Title: _____</p>	
<p>#5</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p>	<p>FROM Mo/Yr _____</p> <p>TO Mo/Yr _____</p> <p>TOTAL Mo/Yr _____</p>	<p>Title: _____</p>	

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

VERIFICATION OF EXAMINATION OR REGISTRATION

Information requested is required for processing.

SECTION I - Applicant is to complete this section and forward form to registration agency that is to complete Section II. Please print or type all information.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Type of Credential: _____

Original State of Licensure: _____ Credential Number: _____

SECTION II - Registration agency is to complete this section and return to the Department of Regulation and Licensing.

A. The above-named individual was registered as a/an:

	CREDENTIAL #	DATE ISSUED	VALID UNTIL
ARCHITECT	_____	_____	_____
LANDSCAPE ARCHITECT	_____	_____	_____
PROFESSIONAL ENGINEER	_____	_____	_____
ENGINEER-IN-TRAINING	_____	_____	_____
LAND SURVEYOR	_____	_____	_____

B. Basis of Registration:

1. _____ By Written Examination:

_____ Hours EIT	_____ Score	_____ Exam Date	_____ NCEES Exam
EIT Score accepted from _____			
_____ Hours PE	_____ Score	_____ Exam Date	_____ NCEES Exam
_____ Hours FLS	_____ Score	_____ Exam Date	_____ NCEES Exam
_____ Hours PLS	_____ Score	_____ Exam Date	_____ NCEES Exam
_____ Hours Architect (Provide exam format, scores and dates on reverse side)			
_____ Hours Landscape Architecture (Provide exam format, scores and dates on reverse side)			

2. _____ By Comity with _____

3. _____ By Education and Experience: Explain provisions for registration without written examination on reverse side.

C. Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above-named individual? Yes _____ No _____ If yes, please give details on reverse side.

COMPLETED BY _____ STATE _____

TITLE _____ DATE _____

(BOARD SEAL)

Department of Regulation & Licensing

State of Wisconsin

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS & LAND SURVEYORS

ARCHITECTS SECTION

INSTRUCTION CRITERIA FOR COMPLETION OF EQUIVALENT INTERN DEVELOPMENT PROGRAM RECORD OF EXPERIENCE (Form #1947)

The Equivalent Intern Development Program Record of Experience (Form #1947) must be completed and returned to the Architects Section when you are fulfilling requirements to become eligible for the architect examination or for a credential (license) as an architect. The report must be signed by the intern, and the supervisor and should show the number of hours the intern has acquired. The Architects Section suggests interns add to this record every 3 months. It is expected that the intern will start an IDP record after graduation and maintain this record until the time an application is submitted for a credential (license).

The intern should show only one employer for each time period reported. Hours from two employers for two different time periods CANNOT be verified on the same report.

The column labeled Hrs. Accrued This Period should contain the hours for the time period specified at the top of the report. The column labeled Previous Hrs. Accrued should contain the number of hours from previous report forms. Add the numbers in the first and second column to obtain the hours for the column labeled Total Hrs. To Date.

Category A, B and C each requires elective hours. When you have exceeded the minimum number of hours for each criteria, you may indicate these hours under the appropriate criteria or the additional hours obtained may be listed under "elective hours".

Interns qualifying for the architectural examination or for a credential (license) as an architect by using the NCARB IDP Periodic Assessment Report instead of the Equivalent Intern Development Program Record of Experience (Form #1947) must have NCARB submit their record to the board office. Copies of reports submitted by the intern to NCARB are not acceptable.

A supervisor is a registered architect who has direct knowledge of your work experience. A supervisor can only verify hours worked while in his/her employ. A supervisor CANNOT verify hours from previous employers.

It is the sole responsibility of the intern to maintain an up-to-date IDP Record of Experience in a format acceptable to the Architects Section of the Wisconsin Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors. An equivalent IDP Record of Experience of NCARB IDP Periodic Assessment Report is required by A-E 3, Wis. Admin. Code to become credentialed (licensed) in Wisconsin and is one of several requirements for the architect examination or fulfilling requirements for a credential (license) contained in state statutes and administrative code. For a complete copy of the Wisconsin Statutes and Administrative Code Relating to Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors, please contact the board office.

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ARCHITECT SECTION

EQUIVALENT INTERN DEVELOPMENT PROGRAM RECORD OF EXPERIENCE

Information requested is required for processing.

PLEASE TYPE OR PRINT IN INK

Intern Name _____

Address _____

City, State, Zip _____

Phone (Days) _____

This report covers the time period from _____ to _____ corresponding to engagement # _____ on the Experience Record (Form #463) and reflects the number of hours of experience gained during this time period in each of the criteria shown below. This report must be completed, signed, and returned to the Architects Section when you have fulfilled all requirements for credential (license) or applying for the architect examination.

The intern should show only one employer for each time period reported. Hours from two employers for two different time periods cannot be verified on the same report.

CATEGORY A: Design and Construction Documents

<u>Criteria</u>	<u>Minimum No. Hrs. Required</u>	<u>Hrs. Accrued This Period</u>	<u>Previous Hrs. Accrued</u>	<u>Total Hrs. To Date</u>
1. Programming-Client Contact	80	_____	_____	_____
2. Site & Environment Analysis	80	_____	_____	_____
3. Schematic Design	120	_____	_____	_____
4. Building Cost Analysis	80	_____	_____	_____
5. Code Research	120	_____	_____	_____
6. Design Development	320	_____	_____	_____
7. Construction Documents	1,160	_____	_____	_____
8. Specifications and Materials Research	120	_____	_____	_____
9. Documents Checking and Coordination	120	_____	_____	_____
10. Elective Hours Req'd	600	_____	_____	_____
Minimum Total Hours. Req'd	2,800	_____	_____	_____

State of Wisconsin Department of Regulation & Licensing

CATEGORY B: Construction Administration

<u>Criteria</u>	<u>Minimum No. Hrs. Required</u>	<u>Hrs. Accrued This Period</u>	<u>Previous Hrs. Accrued</u>	<u>Total Hrs. To Date</u>
11. Bidding & Contract Negotiation	80	_____	_____	_____
12. Construction Phase-Office	120	_____	_____	_____
13. Construction Phase- Observation	120	_____	_____	_____
14. Elective Hours Req'd	<u>240</u>	_____	_____	_____
Minimum Total Hrs. Req'd	560	_____	_____	_____

CATEGORY C: Management

<u>Criteria</u>	<u>Minimum No. Hrs. Required</u>	<u>Hrs. Accrued This Period</u>	<u>Previous Hrs. Accrued</u>	<u>Total Hrs. To Date</u>
15. Project Management	120	_____	_____	_____
16. Office Management	80	_____	_____	_____
17. Elective Hours Req'd	<u>80</u>	_____	_____	_____
Minimum Total Hrs. Req'd	280	_____	_____	_____

CATEGORY D: Related Activities

<u>Criteria</u>	<u>Minimum No. Hrs. Required</u>	<u>Hrs. Accrued This Period</u>	<u>Previous Hrs. Accrued</u>	<u>Total Hrs. To Date</u>
18. Professional and Community Services	<u>80</u>	_____	_____	_____
Minimum Total Hrs. Req'd	80	_____	_____	_____
TOTAL HRS. ACQUIRED		_____	_____	_____

This listing of required minimums in Categories A, B, C, and D totals 3,720 hours. Minimum hourly requirements must be met for each criterion.

I state that the hours reported for this time period are accurate.

Intern Signature _____ Date Signed _____

Name of Supervisor _____
(print or type name)

Verified by Supervisor's Signature _____

Supervisor's License Number _____ Date Signed _____

Department of Regulation & Licensing

State of Wisconsin

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

ARCHITECT SECTION

ARCHITECT APPLICANT APPRAISAL FORM

Information requested is required for processing.

APPLICANT: ARCHITECT	
Type or print name of applicant	Birthdate

The applicant named above has applied for registration as an architect in the State of Wisconsin. To assist the board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

- I know this applicant: ☐ - very well ☐ - well ☐ - slightly ☐ - not at all
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☐ - As an associate in architectural work ☐ - As a student in my classes
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- I am familiar with the applicant's work at _____ (name of company)
- Describe the principal duties performed by the applicant _____

To assist the Board in evaluating this applicant, please indicate whether the applicant has had experience in each of the practice areas by placing an "X" in one of the three areas listed: Yes, No or UK (unknown).

- | | Yes | No | UK | |
|-----|--------------------------|--------------------------|--------------------------|---------------------------------------|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Programming, including client contact |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site and environmental analysis |
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| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction documents |
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| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Documents checking and coordination |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bidding procedures |
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| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction phase: Observation |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Office procedures |
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-OVER-

State of Wisconsin Department of Regulation & Licensing

20. List any other areas of architectural practice which in your opinion provided the applicant with a knowledge of architectural principles and data equivalent to that which would be acquired by experience in the areas of practice listed above.

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- (a) Dates work performed: _____

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- (c) Name of supervisor: _____

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23. In my opinion, considered as a whole, this applicant is qualified to be licensed as an architect. ☐ Yes ☐ No

24. The above information is being submitted by:

Name (Type or Print)
Firm
Title/Position
Address
City/State/Zip
Day Phone
Signature Date

Please affix seal or

write in where registered, type of
profession and registration number if
applicable

Department of Regulation & Licensing

State of Wisconsin

(608) 266-5511

TTY# (608) 267-2416, hearing or speech

TRS# 1-800-947-3529, impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: web@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-3816

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

ARCHITECT SECTION

ARCHITECT APPLICANT APPRAISAL FORM

Information requested is required for processing.

APPLICANT: ARCHITECT	
Type or print name of applicant	Birthdate

The applicant named above has applied for registration as an architect in the State of Wisconsin. To assist the board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below and on the back of this form.

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State of Wisconsin Department of Regulation & Licensing

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Department of Regulation & Licensing

State of Wisconsin

(608) 266-5511

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State of Wisconsin Department of Regulation & Licensing

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4

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Department of Regulation & Licensing

State of Wisconsin

(608) 266-2112

TTY# (608) 267-2416¹ hearing or speech
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E-Mail: dorl@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code